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Summary of midterm reviews and major evaluations of country programmes

Central and Eastern Europe, the Commonwealth of Independent States and Baltic States region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 2002.

Introduction

1. In 2002, UNICEF was working in 27 countries in Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States. Midterm reviews (MTRs) were conducted in eight countries: Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, Romania, Tajikistan, Turkmenistan and Uzbekistan. In addition, extended annual reviews (EARs) of short-duration country programmes were carried out in Bosnia and Herzegovina, The former Yugoslav Republic of Macedonia, and Serbia and Montenegro, including the United Nations administered province of Kosovo. Strategic evaluations provided lessons learned on implementation of the

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medium-term strategic plan (MTSP) for 2002-2005, and notably on the regional priority emphasis within the MTSP of enhancing the participation of youth.

Country midterm reviews

2. The MTRs reviewed the results against the goals of the country programmes as set out in their respective country programme recommendations.

Armenia

3. **The situation of children and women**. Although the economic growth rate was 9.6 per cent in 2001, poverty still affected around 50 per cent of the population in 2002. The most vulnerable families are rural, single-headed households with children under five years old. While the official infant mortality rate (IMR) is 15 per 1,000 live births, the Armenia Demographic and Health Survey (DHS) estimates IMR at 36 per 1,000 live births. Twelve per cent of women and 24 per cent of children under the age of five years are anaemic. The number of children, mostly from vulnerable families, in boarding schools (over 11,000) has increased by 32 per cent since 1999. Pre-primary enrolment improved to 25 per cent, while primary school enrolment remained above 95 per cent. Although there are some suggestions of a decline in attendance rates in the last two years, changes in data collection methodology render this conclusion tentative.

4. **Achievements and constraints**. The first Periodic Report on the Convention on the Rights of the Child, prepared with UNICEF assistance, was submitted in 2002. Stakeholders in the MTR process considered that significant progress had been made in the eradication of polio; sustaining the expanded programme on immunization (EPI), with coverage over 90 per cent; introducing hepatitis B and other vaccines; initiating a process of sustainable financing of EPI vaccines; reaching universal salt iodization (USI); introducing the Integrated Management of Childhood Illness (IMCI); introducing the prevention of mother-to-child transmission of HIV; and promoting effective perinatal care. UNICEF-supported programmes on inclusive and life skills education have expanded. Armenia has joined the regional UNICEF/non-governmental organization (NGO) network and, consequently, NGOs have become more informed and active in promoting child rights.

5. Among the constraints, the MTR identified the need to put more emphasis on the promotion of youth participation and prevention of HIV/AIDS. Youth programmes on HIV/AIDS face insufficient political commitment, inadequate data on behaviour, inadequate finance and expertise, and negative attitudes towards the vulnerable groups. In addition, there is insufficient capacity within the country to accommodate these new programme directions.

6. **Assessment of programme strategies: lessons learned**. Partners in the MTR process considered that many of the strategies used were highly successful. Currently, strategies for adolescent health and development include linking access to information with peer education, enhancing access to youth-friendly services, and promoting youth participation and leadership. However, a comprehensive integrated approach to young people's health, development and protection, including from HIV/AIDS, is still lacking. As national capacity is limited, capacity development

will be required. Programmes for the de-institutionalization of children require more effort.

7. **Country programme management plan (CPMP).** The CPMP will reflect the need for a new emphasis on HIV/AIDS, an increased focus on the participation of children and youth, and an integrated multisectoral approach to programmes. The programme coordination and communication functions will be strengthened in 2003 when the office becomes a full-fledged country office.

Azerbaijan

8. **The situation of children and women.** Four million people (50 per cent of the population) live in poverty, with 1.3 million in absolute poverty. Facilities for early childhood care are limited, but literacy and enrolment rates are high at 95 and 90 per cent, respectively. According to the Multiple Indicator Cluster Survey (MICS — 2000), IMR is 79 per 1,000 live births. The prevalence of iodine deficiency disorders (IDD) is high at between 50 to 60 per cent. Over 80 per cent of children less than five years old suffer from vitamin A deficiency. Youth's knowledge about HIV/AIDS and sexually transmitted infections (STIs) is poor.

9. **Achievements and constraints.** MTR partners noted that UNICEF assistance contributed to a broad range of results. In June 2002, Azerbaijan was officially certified polio free. Strong salt iodization legislation was introduced in 2002. Nineteen maternity hospitals have been awarded baby-friendly status, and draft legislation for the promotion and protection of breastfeeding has been developed. Thirty-five child development centres in 14 internally displaced person (IDP)/refugee areas have been established. The Cabinet of Ministers has approved a plan of action for neglected street children. A foster care/guardianship law has been developed. A national youth policy, developed with UNICEF support, was adopted in 2002, recognizing young people's health and development as a national priority. Eighteen youth resource centres have been established, where young people participate in creative activities and receive training in life skills, healthy lifestyles, HIV/AIDS/STIs and computer use. Youth-friendly health clinics have been established in six districts. Together with the World Bank and Ministry of Health, UNICEF is assisting the Government to implement health reform in five districts. Partnerships among UNICEF, the Ministry of Health and the World Health Organization (WHO) have resulted in significant steps to improve the health information system. UNICEF has participated in working groups established to develop Azerbaijan's Poverty Reduction Strategy Paper (PRSP).

10. Constraints include the discrepancies between mortality findings of surveys (MICS) and those of weak national routine data systems. This has hampered the development of solutions to the high IMR, under-five mortality rate (U5MR) and maternal mortality ratio (MMR). From 2003, recording and reporting on mortality will conform to international standards. The growth of progress in IMCI has been constrained by low government capacity and increased numbers of IDPs and refugees. Outdated practices continue to prevail for perinatal care as well as for the treatment of acute respiratory infections (ARI) and diarrhoeal diseases.

11. **Assessment of programme strategies: lessons learned.** Successes in the country programme have been achieved as a result of strong partnerships and effective awareness-raising, advocacy and capacity-building, including with young people.

12. Youth participation is a major and successful programme strategy. Young people were involved in the MTR and evaluation processes leading up to it. They participated fully in the Steering Committee and working groups. Youth volunteer groups chose to assess three projects as part of their special contribution, and drew up their own terms of reference and methodologies. They conducted group discussions with community members on IDD and USI, mine risks, youth participation and the Convention on the Rights of the Child. Upon completion of the assessments, they wrote up their reports, which they submitted to UNICEF and the relevant government ministries. At the MTR meeting, the young people presented their assessment findings and described their activities using varied media. These creative interactions clearly demonstrated the relevance of youth participation.

13. **CPMP**. The CPMP will reflect the need for an increased focus on the MTSP and regional sub-emphases. As the office becomes a fully-fledged country office in 2003, the programme coordination and communication functions will be strengthened.

Kazakhstan

14. **The situation of children and women**. Post-independence transition to a market economy resulted in a steep decline in gross domestic product (GDP) from 1991 to 1995, reaching a low of 60 per cent of the 1990 level. There was a rise in unemployment and a weakening of the social safety net, especially for women. U5MR increased from 67 per 1,000 live births in 1990 to 76 in 2001. Perinatal problems, ARI and diarrhoeal diseases were the leading causes of death. Other challenges include a high MMR (48.6 per 100,000 live births in 2001); inadequate access to quality antenatal services; low rates of exclusive breastfeeding; and high rates of anaemia, and iodine and vitamin A deficiencies. The transition period also has led to a steady growth in the number of orphans and children without parental care. As of 2001, 71,400 children were confined to institutions. Youth now account for 70 per cent of the increasing numbers of cases of HIV/AIDS and STIs.

15. **Achievements and constraints**. Partners in the MTR process considered that support to immunization assisted the achievement of a high coverage of 97 per cent. Vaccine independence has been achieved, and the country has been certified polio free. Effective advocacy with the Government had led to a commitment to upgrade the vital registration system by using the WHO international definition of a live birth. UNICEF assistance, in partnership with the Asian Development Bank (AsDB), was catalytic in initiating a flour fortification programme and in promoting USI. Participatory governance in education is increasing. Evaluation studies reported an improvement of social awareness and access to information among adolescents in project areas. Continuous efforts with programme partners both inside and outside the Government resulted in the passing of a national law on the rehabilitation and social inclusion of children with disabilities. The "Quality of Life for All" approach — an innovative, data-driven strategy for identifying and prioritizing the most vulnerable children, mothers and families for the delivery of basic services — was adopted. The indicators for that approach will be used as tools for accountability and advocacy to ensure a more equitable and targeted allocation of resources. An ongoing review of social sector expenditure will be initiated in 2002.

16. In 2001, Kazakhstan submitted its First State Party report on the Convention on the Rights of the Child. In 2002, a Law on the Rights of the Child was adopted.

The utility of policy advocacy and capacity-building initiatives, conducted to prevent the placement of children in institutions, promote the social integration of children and shift the concept of juvenile justice from punishment to rehabilitation, were also recognized.

17. Regarding constraints, the recent 2002 report on the Millennium Development Goals indicated that four of the nine goals were unlikely to be reached by 2015 unless significant interventions were implemented. These were HIV/AIDS, maternal health, child mortality and environmental sustainability. Successes in ensuring child survival may not be sustainable unless they are underpinned with action on child rights. Local administrations need to be sensitized to issues of child survival and protection, institutionalization and the Convention on the Rights of the Child. Programmes need more data and analysis on the situation of children in institutions. The integrated early childhood development (IECD) programme is constrained by the lack of a policy framework and understanding among decision makers and communities.

18. **Assessment of programme strategies: lessons learned**. Alternative approaches to education and school management, with the greater involvement of parents, communities and mid-level education managers, will be tested and implemented. More attention is required in gender analysis and on social communication. Improvement of social sector management at various levels remains a major challenge.

19. **CPMP**. Partners in the MTR process concluded that the strategic directions for the remainder of the programme should include accelerating advocacy activities on policy development, supported by major studies; and creating models of excellence in IECD, child-friendly schools and youth-friendly services. The programme strategy should continue to withdraw from supply assistance towards more policy development and advocacy. The Astana office should be strengthened to become a full-fledged country office by 2005.

Kyrgyzstan

20. **The situation of children and women**. Kyrgyzstan is characterized by macroeconomic instability, vulnerability to external shocks and a debt-servicing requirement equal to 40 per cent of government revenue. From 1999 to 2001, expenditure on health fell from 2.7 to 1.8 per cent of GDP. Expenditure on education fell from 6.1 per cent of GDP in 1994 to 3.5 per cent in 2001. Per capita gross national income (GNI) is only $270, and more than one half of the population live below the poverty line.

21. The 1997 DHS survey reported an IMR of 61 per 1,000 live births, roughly three times higher than the official statistic of 19 for 2001. The country was declared polio free in 2002. Pre-school enrolment declined from 30 per cent in 1990 to 5 per cent in 2001. Data on enrolment indicate no gender disparity in education, but there has been no analysis of gender discrimination in the curriculum. HIV/AIDS and substance, physical and sexual abuses are increasing among young people. Juvenile justice legislation and procedures do not comply with the Convention on the Rights of the Child and international standards.

22. **Achievements and constraints**. Partners in the MTR process noted that the National Assembly passed the "Comprehensive Development Framework (CDF) of

the Kyrgyz Republic 2001-2010" in 2001. With UNICEF support, an interministerial committee that includes youth and NGOs (the New Generation) has been incorporated into the CDF, and is proving to be an effective mechanism for implementing policy change and testing fresh approaches to child protection. UNICEF-assisted improvements in maternal and child survival, development and protection included more effective perinatal and neonatal care, the certification of nine hospitals as baby-friendly, legislation and a Presidential Decree for USI, trials on the iron fortification of flour and immunization campaigns.

23. Steps have been taken to promote early detection and screening to prevent minor impairments from developing into disabilities. Encouraged by UNICEF-supported studies and reviews, the Government has agreed to adopt the WHO definition of live birth for IMR measurement. Law enforcers were trained in child rights and juvenile justice reform. Media activities were set up for young people aimed at developing technical skills, creating youth media networks and creating awareness among young people on HIV/AIDS. The participation of young people in programme design and the MTR process proved valuable.

24. UNICEF has supported key studies and evaluations. Studies have been conducted on children's learning achievement, and issues of child protection and care, and the results have led to policy change and pilot initiatives to test new approaches. Studies of IMR have led to a clearer picture of causality, and research found that 33 per cent of children less than five years old were deficient in vitamin A. An independent evaluation of the measles/rubella immunization campaign in 2001 indicated successful coverage, due largely to effective coordination among UNICEF, WHO, the United States Centers for Disease Control and Prevention and the Ministry of Health. A 2002 knowledge, attitudes and practice (KAP) study on HIV/AIDS, which showed low awareness among youth, will serve as a baseline for monitoring communication activities to create knowledge and change behaviours.

25. Participants in the MTR process noted that the main constraints are the decline in social spending, and the downsizing of health and education delivery systems. Effectiveness of the law on IDD is limited by the lack of penalties for non-compliance. In some "difficult" areas such as childhood disability, juvenile justice and trafficking, programming is limited because of data gaps and insufficient understanding of the issues and options for action. The scale of the juvenile justice programme is too limited, and the objectives of HIV/AIDS programme components overlap and miss opportunities for synergy with partners' programmes.

26. **Assessment of programme strategies: lessons learned**. UNICEF will encourage the exploration of community-based ways to meet the needs of vulnerable women and children, and will support the preparation of a national action plan to enable civil society to play a proactive role in local development and the more effective use of services and resources.

27. Programmes tend to be biased towards direct and downstream interventions rather than upstream policy advocacy. The absence of visible gender discrimination in Kyrgyz society has led to the neglect of women's rights. Increased violence against women and children signals the possibility of hidden gender discrimination. To move upstream, gender analysis will be integrated into programme design and implementation. UNICEF also will support the establishment of an inter-agency working group on young people and HIV/AIDS.

28. **CPMP**. The Government and UNICEF agreed to work jointly on updating the National Action Plan for Children with the New Generation committee by 2003. UNICEF will explore convergent, area-based programming, with a focus on community mobilization. As the office moves to full country office status in 2005, programme coordination and communication functions will be strengthened.

Romania

29. **The situation of children and women**. The percentage of the population living in absolute poverty in Romania increased from 31 per cent in 1995 to 41 per cent in 1999. During that period, government expenditure on health decreased from 8.3 to 3.8 per cent, and for education from 10.1 to 3.1 per cent. In 2000, the adult literacy rate was 99.0 per cent for men and 97.2 per cent for women. In 2001, the net enrolment ratio in primary schools was 93.4 per cent for girls and 93.7 per cent for boys. Despite the economic challenges of transition, health indicators have improved. From 1995 to 2000, U5MR decreased from 26.2 to 22.0 per 1,000 live births. Over the same period, exclusive breastfeeding of babies less than four months old rose from 41 to 53 per cent. MMR decreased from 47.5 per 100,000 in 1995 to 32.8 in 2000.

30. **Achievements and constraints**. The MTR stakeholders considered that the useful results of the programme of cooperation included a higher than expected number of children leaving institutions, over 70 per cent of pre-school children graduating into the first grade, contributions to policy development for the education of Roma children, and stronger political support for health care issues in general and IDD elimination and breastfeeding in particular.

31. MTR participants considered that delays were more significant than constraints. These included the inevitable delays as essential reforms are passed into law. The lack of useful indicators disaggregated by gender, income and ethnicity and other data made the planning of social and public policy reform more difficult. Frequent turnover of counterpart staff resulted in repeated programme revisions. The political decision to provide free milk powder to infants rather than to support breastfeeding indicates the need for further advocacy work on policy in this area.

32. **Assessment of programme strategies: lessons learned**. The MTR process concluded that there were four key lessons learned: (a) the importance of programme communication, along with monitoring and evaluation, in realizing programme goals; (b) the need to supplement internal assessments relying mostly on focus group discussions with more formal external evaluations; (c) the need for clearer relationships with direct counterparts; and (d) the need for specific, measurable, achievable, realistic, time-bound objectives and clear indicators for proper programme implementation and evaluation. Lessons learned indicate that UNICEF programmes require a professional management approach, and a strong monitoring and evaluation component. Also noted was the importance of advocacy to ensure that the right policies and legislative acts are passed.

33. **CPMP**. A major outcome of the Romania MTR was the creation of a new cross-sectoral programme for 2002-2004, that will focus on social mobilization and communication. The remaining master plan of operations period will be guided by a results-based management approach. The MTR has helped to streamline project activities for a better and more efficient use of resources. Monitoring will be

improved through the introduction of a logical framework and implementation of the Integrated Monitoring and Evaluation Plan (IMEP).

Tajikistan

34. **The situation of children and women**. Tajikistan remains one of the poorest countries in the region, with an estimated per capita GNI of only $170. Tajikistan is still recovering from the civil war and unrest that raged after independence between 1992 and 1997. The economic and social dislocations of transition have exacerbated the conditions of disadvantaged groups. From 1994 to 2001, the percentage of GDP spent on health dropped from 2.3 to only 1.0 per cent, and on education from 8.7 to 2.4 per cent. Girls' enrolment in secondary education is decreasing. Infant mortality is estimated at 89 per 1,000 live births according to MICS 2000, much higher than the government figure of 27.9. Acute and chronic malnutrition, as well as micronutrient deficiencies, are prevalent. Over 10,000 children are in institutions. Tajikistan is a key route for narcotics trafficking, and 85 per cent of drug addicts use heroin. Young people have low levels of knowledge of HIV/AIDS and substance abuse.

35. **Achievements and constraints**. Partners in the MTR process considered that successful UNICEF policy advocacy with the Government contributed to the establishment of the National Commission on Child Protection to monitor implementation of the Convention on the Rights of the Child and ratification of the Optional Protocols to the Convention on the sale of children, child prostitution and child pornography, and the involvement of children in armed conflict. Tajikistan was certified polio free in 2002. The UNICEF-supported Infant Mortality Study showed clearly the need to adopt the international live birth definition and to improve parents' knowledge and skills of early childhood development (ECD). Despite strained service delivery capacity, relatively high EPI coverage was maintained with UNICEF support. There was a prompt response to outbreaks of measles.

36. UNICEF support to school sanitation and hygiene promotion is ongoing. Studies on learning achievement and on girls' education provided the basis for a National Plan for Education for All (EFA) by the Year 2015. An Expert Group on Children Deprived of Family Care was formed and launched the pilot project on de-institutionalization. A Child Rights Monitoring Centre was established as a preparatory function for the government ombudsperson's office, bringing together the Government and NGOs.

37. Among the constraints, decreases in public expenditures have led to declining capacity of state social service sectors, hampering the results of UNICEF support to increasing access to social services for the most vulnerable population. Inconsistencies and gaps in data created limitations in planning for interventions. Security concerns limited field travel and made field monitoring of country programme implementation difficult.

38. **Assessment of programme strategies: lessons learned**. The MTR process concluded that better parenting initiatives, IMCI and the Safe Motherhood Initiative need to be supported in order to reduce infant and child mortality. Support to the Government in improving statistics and reporting systems should be enhanced, including advocacy for the adoption and implementation of the international live birth definition. Micronutrient deficiencies should be addressed in partnership with the Government, NGOs and AsDB. The concept of child-friendly schools should be

promoted in the context of the forthcoming National Plan of Action on EFA. Special attention should be paid to girls' education and continued expansion of the community-based Education Management Information System, supported by teacher training and curriculum development. Support should be provided to accelerate social protection reform through the development of national guidelines on child protection and a pilot scheme of de-institutionalization. The programme should renew efforts to meaningfully involve children and youth in programming and implementation.

39. **CPMP**. In keeping with an internal review and subsequent discussions, the Tajikistan CPMP was developed to move the sub-office to full-fledged country office by 2005. The MTR recommended reducing the number of projects from 11 to 8, and endorsed the need to strengthen staffing patterns and capacities.

Turkmenistan

40. **The situation of children and women**. The post-independence decline in GDP in Turkmenistan, where the reform process has been slow and sequential, has been less drastic than in the other Central Asian countries. The country sustained over 95 per cent immunization coverage among children less than two years old. The 2000 DHS survey reported IMR at 73.9 per 1,000 live births and U5MR at 94 per 1,000 live births, much higher than the 2001 official government statistics of 24.2 and 22 per 1,000 live births, respectively. The large discrepancy is due partly to non-adoption of the WHO definition of live birth. Official data put MMR at 48.2 per 100,000 live births in 2001. Turkmenistan has almost achieved universal enrolment in basic education, with 95 per cent of children 7 to 16 years of age enrolled in school. There is negligible gender disparity in school enrolment, with girls representing 49.1 per cent of enrolled students. Pre-school enrolment declined by 36 per cent between 1990 and 1999.

41. **Achievements and constraints**. Partners in the MTR process considered that the most important results in 2002 supported by UNICEF included Turkmenistan's certification as polio free and a signed agreement with the Vaccine Independence Initiative. Nine out of 50 hospitals were certified as baby-friendly. School sanitation and hygiene promotion was started and is ongoing. A National Interministerial Committee on Food Fortification was established, which facilitated the universal iodization of all edible table salt produced in the country and the production of iron-fortified flour in seven out of 18 mills. Parent centres were established as venues for promoting effective child-rearing practices and parenting skills.

42. Among the constraints have been the increasingly restrictive political climate and an almost non-existent NGO sector. The decline in social spending and the unreliability of official statistics have had serious implications for the planning and implementation of UNICEF-supported programmes. Furthermore, in the strong Turkmen-centric thrust in nation-building, it is important that children belonging to non-Turkmen ethnic groups are fully included in education and that new categories of vulnerability are not created.

43. **Assessment of programme strategies: lessons learned**. Partners in the MTR process concluded that, with greater decentralization of decision-making, it is likely that successes will have a fair chance of becoming institutionalized, and this may, in turn, have a positive ripple effect on the mainstream of human development. Packaging HIV/AIDS awareness in the language of "healthy lifestyles education"

has enabled HIV/AIDS messages to be incorporated into activities for young people. There are opportunities in Turkmenistan that can be maximized to further the rights of children. These include the existence of pro-child legislation and the presence of groups such as the Women's Union and Youth Organization.

44. **CPMP**. The MTR recommendations emphasized that UNICEF should continue its programme implementation strategies, with a greater emphasis on advocacy, community involvement, and communication for behaviour development and change. The MTR findings reaffirmed the need to strengthen the staffing structure and capacities in preparation for the transition to a full country office by 2005.

Uzbekistan

45. **The situation of children and women**. The Government of Uzbekistan reported a decline in IMR between 1995 and 2001 from 26 to 18 per 1,000 live births. The MICS reports an IMR of 52 per 1,000 live births for 1999. Education expenditures have fallen, with a sharp decline in pre-school enrolment. Transition has increased poverty and inequality. In 1999, 40 per cent of the population were classified as poor. According to MICS 2000, U5MR remains very high at 69 per 1,000 live births. MMR has increased since 1997, and was 34.1 per 100,000 live births in 2001. More than one half of all women and children suffer from mild or severe anaemia, and more than one half of the population suffer from IDD. Tuberculosis is re-emerging as a serious threat, and substance addiction and HIV are increasing. More than 23,000 children are placed in institutions.

46. **Achievements and constraints**. MTR participants noted that, with UNICEF assistance, Uzbekistan was certified polio free in 2002, and that routine immunization coverage of over 95 per cent has been maintained. Exclusive breastfeeding until the age of four months increased from 4 per cent in 1996 to 22 per cent in 2001. Thirteen hospitals have been certified as baby-friendly. IMCI training is included in the curricula of three universities. Model family-run kindergartens have demonstrated a viable approach to ECD programmes. In promoting a change of approach from punishment to prevention in juvenile justice, 11 former remand centres have been restructured as centres for socio-legal assistance, and a special centre has been created to support children in conflict with the law.

47. Because the Ministry of Health has not yet adopted the WHO international definition of live birth, U5MR is severely underestimated by government statistics. Initial corrective steps were taken in 2002 with a UNICEF-supported pilot study, but much work remains to be done to ensure that reporting meets international standards.

48. **Assessment of programme strategies: lessons learned**. The MTR participants concluded that successes in the country programme have been achieved as a result of strong partnerships and effective awareness-raising, advocacy and capacity-building strategies. Young people's participation in the country programme, and particularly in the MTR process, has enhanced activities and has shown how committed and professional young people can be. In addition, the partners in the MTR recommended development of strategies for replication of successful pilot projects and a geographic focus of programme interventions. The capacity of programme partners in planning, coordination and monitoring should be developed further.

49. **CPMP**. The Uzbekistan CPMP will reflect the need for increased focus on the five MTSP priorities. Furthermore, programme coordination, communication and operations functions of the country programme will be strengthened as the country office prepares to become a full-fledged country office in 2005.

Extended annual reviews

Bosnia and Herzegovina

50. **The situation of children and women**. The combined effects of war, displacement and poverty continue to have a negative impact on children and women. Needs for support and protection are rising. Problems such as domestic violence, child abuse and child trafficking are growing. The juvenile justice system is inadequate. The quality of basic services such as education and health is low. Access to services is often hindered by discriminatory practices against refugees, displaced persons, returnees and minorities such as Roma. Political and administrative fragmentation makes the implementation of reforms difficult and sometimes impossible.

51. **Achievements and constraints**. Partners in the EAR process noted that, with UNICEF support, the State Government adopted a "State Plan of Action for Children 2002-2010" and established a Council for Children to monitor its implementation. Bosnia and Herzegovina is almost ready to submit its first report on implementation of the Convention on the Rights of the Child and is finalizing the first report on implementation on the Convention on the Elimination of All Forms of Discrimination against Women. National policies and strategies to address trafficking in human beings, the prevention of HIV/AIDS and the promotion of gender equality have been adopted. Thirteen hospitals were certified as baby-friendly, and polio was declared eradicated. Capacity for child-friendly schools was developed in 150 primary schools. Assessments were carried out on the situation of children without parental care, children in conflict with the law and victims of trafficking. A referral network of 320 professionals was established to address domestic violence.

52. The country is one State with two entities: the Federation of Bosnia and Herzegovina and the Republika Srpska, each with its own government, and separate ministries and civil society structure. This fragmented structure is the greatest constraint to implementing state-level policies and contributes to the continued systemic neglect of human rights. Fragmentation of government makes it difficult to collect information for programming. Ministries of health, for example, do not cooperate in the collection of statistics on immunization. Similarly, uniform policies on juvenile justice and education are non-existent, and the UNICEF programme of cooperation faces conflicting policy imperatives in different areas.

53. **Assessment of programme strategies: lessons learned**. Partners noted that UNICEF needs to focus its support on three levels to have a real impact: the state level in policy and advocacy; the municipal level for technical assistance and capacity-building of professionals; and the community level for capacity-building, supply assistance and programme communications. Sustainable local management of mine awareness requires community participation and ownership as a vital precondition. A special review of gender recommended the development of a

country-specific gender mainstreaming policy, and that it be piloted in selected projects.

54. **CPMP**. The EAR endorsed the adoption of a multidisciplinary approach to child protection, ECD and HIV/AIDS prevention, and recommended an increased focus on activities for youth between the ages of 14 and 18 years, including the development of state and entity policies on youth. A human rights approach to HIV/AIDS prevention within state-level policy and within community-based programming should be adopted. The country programme structure remains unchanged except that objectives and the sub-project structure have been revised to reflect the results-based programming framework of output-outcome-strategic result.

The former Yugoslav Republic of Macedonia

55. **The situation of children and women**. Lingering ethnic tension is still evident in The former Yugoslav Republic of Macedonia, with 23 per cent of the population in poverty, unemployment at 32 per cent and youth unemployment at 70 per cent. IMR and U5MR have fallen slowly over 10 years. Only 12 per cent of children have access to formal pre-school education. Ninety-eight per cent of children are enrolled in primary education, with good gender parity. Sixty-five per cent of children attend post-primary education. Disparities are often linked to ethnicity or geography, with the worst rates among the Roma population. Disability remains a factor of exclusion. Trafficking affected over 5,000 women and children, with children accounting for an estimated 15 to 20 per cent of the victims.

56. **Achievements and constraints**. MTR partners noted that, in July 2002, with UNICEF assistance, the International Code of Marketing of Breast Milk Substitutes was fully incorporated into national legislation. Twenty-eight out of 29 maternity hospitals across the country have been awarded baby-friendly status. With UNICEF support, non-formal, community-based pre-school education covers 16,200 children from 320 areas. After the 2001 crisis, UNICEF coordinated the emergency education and water/sanitation response, including the rehabilitation of 11 schools and the provision of medical supplies and mobile health teams. All schools in the country have introduced active teaching methods in their every day work. In May 2003, the country met all the conditions for the elimination of IDD, the first country in this region to do so.

57. Regarding constraints, partners concluded that additional attention will need to focus on the de-institutionalization of children, trafficking, girls' education, excluded pockets of population, especially Roma, and life skills education for youth.

58. **Assessment of programme strategies: lessons learned**. MTR partners considered that successes were the result of strong partnerships, effective awareness-raising, advocacy and capacity-building strategies. The success of the IDD initiative was considered a good example of intersectoral and inter-agency collaboration. Disruptions to the country programme as a result of the 2001 conflict were minimized by the mobilization of additional funds and effective collaboration with partners.

59. **CPMP**. The former Yugoslav Republic of Macedonia office became independent of the Balkans area structure in August 2002. There has been no change in the programme, and the staff structure has been adjusted to the new, lower

funding levels. In 2003, all programme activities returned to a long-term, non-emergency mode.

Serbia and Montenegro, and the United Nations administered province of Kosovo

60. **The situation of children and women**. Preliminary unverified data show that Roma are probably considerably worse off than the majority population. Sector-wide reforms are progressing slowly. The decentralization of budgets is being planned for 2004 and may increase inequalities in the provision of services for children and families. In Serbia, an intergovernmental Council for Children, chaired by a Deputy Prime Minister, was established in 2002 with UNICEF support. An NGO network for children in Serbia and Montenegro was also established.

61. In the United Nations administered province of Kosovo, there is an increasing problem of trafficking of children. MMR is unknown, and IMR is estimated at 35 per 1,000 live births owing mainly to poor delivery practices and quality of newborn care. Mostly qualitative information indicates that there are serious disparities between ethnic groups and that drop-out rates for girls are high.

62. **Achievements and constraints**. There was consensus that achievements against planned objectives were generally good, especially in the more traditional areas of UNICEF cooperation such as teacher training and immunization of hard-to-reach groups. Significant progress was made in young people's health, development and participation. In child protection, difficult areas such as child abuse and domestic violence were addressed successfully.

63. In the United Nations administered province of Kosovo, achievements assisted by UNICEF programme cooperation included capacity-building for curriculum reform; completion of a new immunization policy; rehabilitation of schools and health facilities; support to youth groups to promote participation and healthy lifestyles; completion of a new juvenile justice code; and studies in girls' education, education statistics and micronutrient deficiencies. Mine awareness activities were handed over to new government bodies responsible for landmine issues in Kosovo, and the training of local bodies was completed.

64. One of the constraints was the unavailability of quantitative data. Partners noted that limited progress had been made in areas such as early childhood education and community-based approaches, which are new to UNICEF and to the country itself. Programmes face serious political challenges in addressing the problems of minorities.

65. **Assessment of programme strategies: lessons learned**. As most activities were almost entirely funded by UNICEF, there is a risk to programme sustainability, which would be helped by an increased emphasis on policy and partnerships. UNICEF needs stronger partnerships in the PRSP, Common Country Assessment/United Nations Development Assistance Framework and National Plan of Action for Children processes. Efforts to build national capacity in monitoring and evaluation were appreciated. Enhanced coordination and the joint design and monitoring of projects in Serbia and Montenegro were recommended.

66. In the United Nations administered province of Kosovo, social communication strategies were not sufficiently integrated and should receive more systematic attention. Gaps in data on women and children should be filled, as UNICEF needs more evidence for its advocacy.

67. **CPMP.** Programme structure at the project level was revised. Cross-cutting links will be made to strengthen work on children with disabilities, Roma and pre-school education. The establishment of formal coordinating mechanisms for UNICEF with the Federal and Republic Government will be finalized in 2003. Selected research studies will enhance targeted planning and policy priorities for the social sector.

68. In the United Nations administered province of Kosovo, some project activities were concluded due to funding declines. IMEP will be oriented towards the collection of data for advocacy.

Major country programme evaluations

69. Due to the large number of MTRs and EARs in 2002, only a limited presentation is possible. In 2004, this review will cover the topic of evaluation in a more substantive and extended manner.

MTSP priority area 1: Girls' education

70. Net primary school enrolment in the region is 88 per cent for girls and 92 per cent for boys. About one half the countries have gender parity in enrolment, and three have higher enrolments of girls than boys. For secondary education, one half of the countries have higher enrolment for girls than for boys. Major progress is needed in gender sensitivity of the curriculum, access of minority ethnic groups and child-friendliness of schools.

71. A qualitative gender-based evaluative review of education in Romania found that, based on national competence and baccalaureate examinations, there are variations between urban and rural areas, but no gender differences in test results. A curriculum evaluation found that school curricula and textbooks promote a world controlled by men, with gender discrepancies in success models, and a lack of information on women's experiences such as pregnancy and childbirth.

72. A multi-country evaluation covered Kazakhstan, Tajikistan and Uzbekistan. In Kazakhstan, there are no guidelines for developing gender-sensitive curricula and materials, and gender issues are rarely included in teacher training. In Tajikistan, attitudes about girls' roles have become more conservative. There is gender bias in educational materials, and girls' enrolment in secondary education is decreasing. In Uzbekistan, there are 50 per cent fewer girls than boys in gymnasiums and in higher education. Education in these countries is becoming increasingly inequitable, inaccessible and unaffordable.

MTSP priority area 2: IECD

73. In IECD, the major reviews covered health and nutrition aspects. In the region, U5MR declined by 16 per cent from 1990 to 2001, from 44 to 37 per 1,000 live births. There is a wide spread in U5MR, with rates as high as 105 per 1,000 live births in Azerbaijan (worse than an average least developed country) and between 61 and 99 per 1,000 live births in the Central Asian republics and Kazakhstan (all higher than the average for the Middle East and North Africa and Americas and Caribbean regions). UNICEF MICS surveys have reported a significantly higher mortality rate than reflected in official figures. Stunting occurs in 16 per cent of

children, with the highest rates in Albania (32 per cent) and Uzbekistan (31 per cent). Nine per cent of newborns weigh less than 2,500 grams.

74. In Turkmenistan, an evaluation of efforts to eliminate micronutrient malnutrition found that UNICEF has done particularly well in advocacy, supporting legislation, intersectoral mobilization and direct support to the industry. Areas that need further attention include social mobilization, monitoring and programming.

MTSP priority area 3: Immunization "plus"

75. Immunization has been a major success for the region. All countries have reached the target of 90 per cent coverage for combined diphtheria/pertussis/tetanus vaccine, with the exceptions of Tajikistan (83 per cent), Georgia (86 per cent) and Turkey (88 per cent). Polio vaccinations exceed 90 per cent for all countries except Georgia (81 per cent), Tajikistan (85 per cent) and Turkey (88 per cent). Coverage for hepatitis B is very irregular, with a regional rate of only 57 per cent. Government financing of EPI reached 75 per cent. Data are insufficient to determine coverage with vitamin A supplementation.

76. The EPI cold chain was evaluated in Albania. Maintenance systems are a serious challenge for EPI managers. Risk factors were identified as heat exposure (in rural areas exposure is doubled), distance and season. Health personnel in warmer districts did not adequately appreciate the risk of exposure to freezing. Recommendations included ensuring an open vial policy in all districts, considering all risk factors when transporting vaccines, and ensuring equal attention to freezing and heat exposure.

MTSP priority area 4: Fighting HIV/AIDS

77. With an estimated 250,000 new HIV infections in 2002, the region has the world's fastest growing HIV epidemic. Measured prevalence is comparatively low, but known to be a serious underestimation. Increased heroin production and trafficking has contributed to intravenous drug use (IDU) as the major mode of transmission. Fewer than 60 per cent of adolescents aged 14 to 17 years are aware of the use of condoms as a means of protection. Less than one third of young women (15-24 years old) in Azerbaijan and Uzbekistan had ever heard of HIV/AIDS.

78. While not formal evaluations, KAP surveys set the parameters for subsequent evaluations and provide vital evidence for conclusions. KAP surveys on HIV/AIDS in Kyrgyzstan revealed that 70 per cent of surveyed youth were unable to identify the different ways that HIV is transmitted. A youth stakeholder study on healthy lifestyles in Kazakhstan showed that 74 per cent of surveyed youth had general knowledge, but more than one third of them had an unclear understanding of HIV. These findings demonstrated the importance of implementation of the life skills-based health education component.

79. An evaluation of IDU programming in Ukraine showed that the main factor constraining the fight against HIV/AIDS with IDUs is the human one. Local authorities did not realize the scale of the epidemic and its consequences, and did not feel responsible for implementing the recommended interventions. An associated quantitative and triangulated, multi-site, time series-based epidemiological study indicated that the situation among IDUs may have stabilized in regions running harm reduction activities. There appeared to be a significant reduction, by 3.4 times,

of the number of new cases among youth aged 15-19 years in those regions. These preliminary and compelling findings will be followed up by further research.

MTSP priority area 5: Protection of children from violence, abuse, exploitation and discrimination

80. Of 1.5 million children in public care, three quarters of them are in institutions, with most of these in the Russian Federation. The rate of children in residential care is highest in Bulgaria, Romania and the Russian Federation, with over 1,000 children per 100,000 aged 0-17 years placed in institutions. Countries such as the Republic of Moldova, Ukraine, the Russian Federation and Kyrgyzstan are major countries of origin of young women in the sex industry in the Balkans and Western Europe. An estimated 20 per cent are less than 18 years old. In Kyrgyzstan, a comprehensive study on child protection revealed increasing abandonment of children by poor families, the precarious situation of street children and working children, and the continued institutionalization of children, all pointing to the need for better family care.

81. An evaluation of landmine awareness in the United Nations administered province of Kosovo found that efforts to raise mine awareness among children have been effective. A reasonable level of mine awareness was observed among all the children interviewed. The project relied on a child-to-child approach, which proved very effective.

82. In Bosnia and Herzegovina, an evaluative study on trafficking showed that prosecution strategies are not respectful of special protection entitlements for children. Recommendations include programmes to assist child victims of trafficking, awareness-raising and the promotion of "victim-friendly" law enforcement strategies.

83. In the Republic of Moldova, an evaluation of juvenile justice showed that the number of children coming into conflict with the law has risen sharply over the last decade. Children under arrest or awaiting trial in detention are not separated from adults. The study recommends the adoption of legislation reflecting international standards, and prevention measures and informal procedures for solving cases of juveniles in conflict with the law.

MTSP regional sub-emphasis: Youth participation

84. In Georgia, an evaluation of the Youth Parliament project found that it successfully enabled youngsters to demonstrate their abilities and to present their interests to the highest governing bodies. The Youth Parliament participated in the formulation of laws related to children and youth. Discussions and roundtables held during the formulation process developed skills in self-expression and analysis. The study observed that the participation of children and youth was very real and free of any manipulation by adults, and that adults took the views of the children and youth seriously. The establishment of youth centres at local levels was strongly recommended.

MTSP cross-cutting evaluations and studies

85. In 2002, the Innocenti Research Centre in Florence produced a Regional Monitoring Report entitled "Social Trends in Transition: HIV/AIDS and Young

People, Quality of Learning in Schools". The report notes the fragile capacity of the public sector in providing quality service for citizens. In most low-income transition countries, even elementary school teaching is compromised by a lack of resources. The report highlights the escalation of the HIV epidemic.